

# SPRINGDALE FIRE DEPARTMENT

## Exposure Report Form

### Confidential Document

#### **PART 1 (Must be Completed by Exposed SFD Member)**

##### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Exposure date: \_\_\_\_\_ Incident Number: \_\_\_\_\_

Exposure time: \_\_\_\_\_ Assigned Unit: \_\_\_\_\_

Reported to: \_\_\_\_\_ Infection Control Officer Notified: YES NO

##### EXPOSURE INFORMATION

Source Patient Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Exposure Type: ? Bloodborne ? Airborne

Exposed to: ? Blood ? Bloody Fluid ? OPIM \_\_\_\_\_

Area Exposed: ? Hands ? Nose ? Face ? Mouth ? Eyes ? Other \_\_\_\_\_

PPE Used: ? Yes ? No Type Used: \_\_\_\_\_

Task being performed: \_\_\_\_\_

Needle safe device used: ? Yes ? No Type Used: \_\_\_\_\_

#### **PART 2 (Must be Completed by Infection Control Officer)**

##### POST EXPOSURE ACTIONS

Source Patient blood drawn: ? Yes ? No (HIV, HBV, and HCV Rapid Tests)

Employee Given Source Patient Test Results: ? Yes ? No Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Note: The exposed SFD Employee must complete an "AR-N Form" and a "City of Springdale Incident Form" immediately following the exposure, or before the end of the work shift.